

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003701

1. Entity Name

VANDERHOOK COMPANY, INC.



Principal Place of Business

539 ASHMUN STREET
SAULT STE MARIE MI 49783

Mailing Address

539 ASHMUN STREET
SAULT STE MARIE MI 49783

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

38-2015285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBERT, WILLIAM N
629 NORTH PENINSULA AVENUE
DAYTONA BEACH FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete
NAME ROBINSON, THOMAS C
STREET ADDRESS 3316 SHERMAN PARK DR.
CITY-ST-ZIP SAULT STE MARIE MI

TITLE ☐ Change ☐ Addition
NAME 1100000340292
STREET ADDRESS 04/28/05-80110-020 150.00
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ROBINSON, HENRIETTA
STREET ADDRESS 3316 SHERMAN PARK DR.
CITY-ST-ZIP SAULT STE MARIE MI

TITLE ☐ Change ☐ Addition
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME COX, THOMAS D
STREET ADDRESS 817 RYAN
CITY-ST-ZIP SAULT STE MARIE MI

TITLE ☐ Change ☐ Addition
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME COX, SHARON
STREET ADDRESS 817 RYAN
CITY-ST-ZIP SAULT STE MARIE MI

TITLE ☐ Change ☐ Addition
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

TITLE ☐ Delete
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

TITLE ☐ Delete
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ..
STREET ADDRESS ..
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas C Robinson President

Date

Daytime Phone #

4/24/05

906-632-7782